

**BEST AVAILABLE COPY**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

**SERIAL NO.**

101734090  
APPLICANT(S)

FILING DATE

**APPLICANT(S)**

## CLAIMS

10/21/05 CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						
2			/			
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TOTAL IND.		9				
TOTAL DEP.		1				
TOTAL CLAIMS		10				